

Montgomery County Government
OCCUPATIONAL MEDICAL SERVICES
255 ROCKVILLE PIKE, SUITE 135
ROCKVILLE, MARYLAND 20850
(240) 777-5185 PHONE
(240) 777-5132 FAX

Tuberculin Skin Test

Patient Consent Statement: I certify that I have read the information on this form. I have had an opportunity to ask related questions and my questions were answered to my satisfaction. I believe that I understand the benefits and risks of taking a tuberculin test and I assume the risks. I request that the tuberculin test be given.

Name _____ Date of Birth _____

Address _____

County Job Title _____ Social Security Number _____

Have you ever tested positive to a tuberculin skin test in the past? _____ If yes, when? _____

If yes, what treatment was given to you at the time? _____

Signature of person to receive test _____ Date _____

For Clinic Use Only

Test # 1

Skin Test PPD 5TU 0.1 ml Lot # _____ Manufacturer _____

Expiration Date _____

Date Given _____

Right Forearm / Left Forearm (Circle One)

Date Read _____

Result _____ mm

Signature/Title of Person Giving Test _____

Signature/Title of Reader _____

Test # 2

Skin Test PPD 5TU 0.1 ml Lot # _____ Manufacturer _____

Expiration Date _____

Date Given _____

Right Forearm / Left Forearm (Circle One)

Date Read _____

Result _____ mm

Signature/Title of Person Giving Test _____

Signature/Title of Reader _____

If history of positive skin test review checklist given _____

Montgomery County Fire/Rescue Occupational Medical Services
255 Rockville Pike, Suite 135
Rockville, Maryland 20850
Phone: 240-777-5185

Intent of Physical Exam

Bring this form with you to your physical exam at FROMS

In order to have the appropriate physical completed by this office, please **CHECK ONE** of the following boxes for the level of volunteer membership you are being considered for:

☐ Firefighter/Rescuer

OR

☐ EMS Provider (Medical Attendant)
Only

(By checking this box you will be limited to the type of classes you can take at the Training Academy)

Printed Name: _____

Address: _____

City/State/ZipCode: _____

Home Phone Number: _____

Social Security #: _____

Local Fire and Rescue Department: _____

Signature: _____ Date: _____

MONTGOMERY COUNTY FIRE AND RESCUE COMMISSION

APPLICANT DRUG/ALCOHOL TESTING NOTIFICATION

(Please print or type)

I, _____, understand that a urine screen for the presence of drugs/alcohol administered by Montgomery County Fire Rescue Occupational Medical Services, is a condition of my volunteer service. I further understand that the results of this urine screen will be released only to me and Montgomery County Fire Rescue Occupational Medical Services, and will be used solely to complete my application for volunteer service. The results of this screen will not be disclosed without my written consent to another person or agency for any other purpose, including any administrative, civil, or criminal proceeding.

I, _____, have been informed that Laboratory Corporation of America is the certified laboratory which will perform drug/alcohol testing on my urine specimen collected on _____ in Fire Rescue Occupational Medical Services. I understand that I have the right to request independent testing of the same specimen at my own expense at another Federal and State certified laboratory if my urine specimen tests positive for drugs and/or alcohol.

Print Name

Signature

Date

Rev 3/03

Montgomery County Government
Fire Rescue Occupational Medical Services (FROMS)
Authorization to Obtain Specimen for Drug/Alcohol Testing

Reason for Test [Check One]:

[] Pre-Employment

I authorize Fire Rescue Occupational Medical Services (FROMS) of the Montgomery County Government or any doctor, nurse, technician, laboratory personnel at any laboratory or medical center designated by Montgomery County Government to collect a _____ urine specimen for drug/alcohol testing. My specimen was given on [enter date] _____ at FROMS.

I have been informed that the laboratory named below will perform the urine/blood test for drugs/alcohol and that this laboratory has been certified by the State of Maryland and the U.S. Department of Health and Human Services to perform employment-related drug/alcohol testing:

Name of Laboratory: LabCorp

If the urine specimen is found to be positive for drugs/alcohol, I understand that I am entitled to have the same specimen tested independently at a different laboratory which has been certified by the State of Maryland and the U.S. Department of Health and Human Services. If I elect to have the specimen tested independently, I must pay the costs of the test. A list of certified laboratories is available at Occupational Medical Services.

I understand that the laboratory will report the drug/alcohol test results to the Employee Medical Examiner of Montgomery County Government, Fire Rescue Occupational Medical Services. A photocopy of this authorization will be as valid as the original, even though the photocopy does not contain an original writing of my signature.

Applicant/Employee Printed Name: _____

Signature: _____ Last 4 Digits of SSN _____

Address: _____

Witness: _____ Date: _____

**Montgomery County Government
Fire Rescue Occupational Medical Services (FROMS)
Non-DOT Authorization for Release of Information Related to
Drug/Alcohol Testing**

Reason for Test [Check One]:

☐ Pre-employment

I, _____, authorize the release of the results of the drug/alcohol testing by the laboratory which conducted the test to the Employee Medical Examiner of Fire Rescue Occupational Medical Services (FROMS) of the Montgomery County Government at 255 Rockville Pike, Suite 135, Rockville, MD 20850.

I further authorize FROMS to release the results of the drug/alcohol test as a finding of negative or confirmed positive to _____.
[Fire Chief or Designee]

If I am a current County employee who is applying for a transfer to, or appointment in, a position in a different County department or agency, or if I am a County employee who is applying for a promotion within my current department (and submission to pre-employment drug testing is a prerequisite to appointment to the higher-level position), I understand that any confirmed positive drug or alcohol test result will also be reported to the director of the County department or agency in which I am currently employed.

This authorization is limited to information derived from the tests and evaluation performed on my _____ urine specimen obtained on _____ [insert date] at FROMS.

This authorizes the release of this information solely to enable Montgomery County Government to make employee-related decisions.

A photocopy of this authorization will be considered as valid as the original, even though the photocopy does not contain an original writing of my signature.

Applicant/Employee Printed Name: _____

Signature: _____ Last 4 digits of SS# _____

Witness: _____ Date: _____